

# RADIATION TRAINING AND EXPERIENCE SUMMARY (IONIZING RADIATION)

Please Type/Print Legibly  
Instructions for completion on next page

## I. GENERAL INFORMATION

A. Name/Telephone Number	B. Date of Birth	C. Organization/Mail Code or Address	D. Reference Number
E. Badge Number	F. Type of User <input type="checkbox"/> Area Radiation Officer <input type="checkbox"/> Maintenance <input type="checkbox"/> Use Supervisor/Custodian <input type="checkbox"/> User <input type="checkbox"/> Other		G. System/Device to be Used

## II. TRAINING *(Use Supplemental Sheets as Needed)*

TYPE OF TRAINING	WHERE TRAINED	DURATION	ON-THE-JOB	FORMAL COURSE
A. Principles and Practices of Radiation Protection			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Radioactivity Measurement Standardization and Monitoring Techniques and Instruments			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Mathematics and Calculations Basic to the Use and Measurement of Radioactivity			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Biological Effects of Radiation			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## III. EXPERIENCE *(Use Supplemental Sheets as Needed)*

### A. Radioactive Materials ☐ Yes ☐ No *(Describe Below)*

RADIONUCLIDE	MAXIMUM AMOUNT	LOCATION	TYPE OF USE	DURATION

### B. Accelerator or X-Ray Equipment ☐ Yes ☐ No *(Describe Below)*

TYPE	MAXIMUM ENERGY	LOCATION	TYPE OF USE	DURATION

## IV. REFERENCE DOCUMENTS

I have read and understand applicable portions of the following:

- |                                      |   |                                    |   |
|--------------------------------------|---|------------------------------------|---|
| A. KHB 1860.1                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                              | D. 45th SWI 40-201                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| B. NRC Regulations, 10 CFR 19 and 20 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | E. Fla. Regulations, Chapter 64E-5 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| C. KMI 1860.1                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                    |   |

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## V. AUTHORIZING SIGNATURES

Health Physics	Date
KSC Radiation Protection Officer	Date
45th SW Radiation Protection Officer (if applicable)	Date
Chmn. KSC Radiation Protection Committee	Date

## Instructions for Completion

Refer to descriptions and examples as delineated by KHB 1860.1, Section 5 and Appendix B, to complete this form.

- Section I - General Information - self explanatory
- Section II - Training - self explanatory
- Section III - Experience - indicate in Part A experience with radioactive materials; in Part B experience with accelerator or x-ray equipment
- Section IV - Reference Documents - ARO and use supervisor/custodian designees should be familiar with KMI 1860.1 and applicable local program documents (i.e., KHB 1860.1 for KSC activities, 45 SWI 40-201 for CCAS activities) as a minimum. User/Maintenance personnel should be familiar with local program documents as applicable, as a minimum. Questions concerning applicability of specific documents should be addressed to the KSC Radiation Protection Officer.

**Note:** This form will not be returned to you.